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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Morham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 208

(0)

Cosperation Name

MIAMI FL 33147

PIONEER MARINE PRODUCTS, INC.

10

Principal Place of Business Mailing Address
3611 N W 74TH ST 3611 N W 74

3611 N W 74TH ST MIAMI FL 33147



3. Date Incorporated or Qualified 3a. Date of Last Report

					12/09/1957	0	2/06/18	##U
2. Pencipal F	face of Business	2a. Mailing Address			4. FEI Number			Applied For
1		26		we	59-0905307			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Sta	de	City & State			6. Election Campaign Financing	П		00 May Be
		28			Trust Fund Contribution	<u> </u>	Adde	ed to Fees
Zq+ '	Country	Žip	Country	i	8. This corporation has liability for it		x under s	199.032
	25	29	30		Florida Statutes Yes			
	Name and Address of Current	t Registered Agent		T	10. Name and Address of New R	egistered .	Agent	
			81	Name				
	Myer,William H		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
520 N MASHTA DR								
KEY B	ISCAYNE FL		B3					
			84	City			85 Z	ip Code
			٦	",		FL	. " *	- 5000
or registe	t to the provisions of Sections £07.0502 ered agent, or both, in the State of Fterk vith, and accept the obligations of, Sect	da. Such changé was authorize	ed by the corp	named corpor poration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of cha pintment as	inging its registered	registered office d agent. I am
JGNATURE	Sow in regitypest or province name of requirement a joint.	or the state of th	on 1000 The 4 A L	nt Signature respined		DATE		
2.	OF LICE AS AN		13.	nic signature necesine	ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
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	KEY BISCAYNE FL 33149							
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4. Low hereby certify that the information supplied with this tring is voluntarily furnished and does not quality for the exemption stated in Section 119.0/(3)(k), Horida Statutes. If urther certify that the information indicated on this army if report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or chector of the colorisation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 pr Blyck 13 if changing agoing an attachment with an address.

SIGNATURI

Kathy Hegamyer

1/25/9

305-696-0830

Daytime Phone #